


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000141825 1. Entity Name BOBBY WATTS VINYL SIDING, INC.	
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Principal Place of Business 5415 POPLAR HEAD CHURCH RD HOLT, FL 32564	Mailing Address 5415 POPLAR HEAD CHURCH RD HOLT, FL 32564
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05192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0398341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WATTS, BOBBY 5415 POPLAR HEAD CHURCH RD HOLT, FL 32564

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE WATTS BOBBY Bobby Watts 5-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATTS, BOBBY 5415 POPLAR HEAD CHURCH RD HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZELM, WALDEMAR JR. 5415 POPLAR HEAD CHURCH RD HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/26/05-80006-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY WATTS Bobby Watts 5-27-05-1-850-217-84085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #